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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>                    </u> <u>          </u> Examiner's Signature Initials				

**ADDRESS**

32329

**TITLE**

ORIGIN DEVICE BILLING ACCORDING TO CALLER

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